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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/448,529 02/21/2003 *NONE*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*NONE**AG 6/2/06*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 05/12/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 15	<b>TOTAL CLAIMS</b> 36	<b>INDEPENDENT CLAIMS</b> 7
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after				
Verified and Acknowledged <i>Allowance</i> Examiner's Signature <i>6/2/06</i> Initials				

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## TITLE

Spinal fluid introduction

<b>FILING FEE RECEIVED</b> 1532	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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